

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		1				
5		1				
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43		1				
44		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3		2		2	
TOTAL DEP.	24	2	2	2	2	2
TOTAL CLAIMS	24	2	2	2	2	2

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			2		2	
TOTAL DEP.		2	2	2	2	2
TOTAL CLAIMS		2	2	2	2	2